

# FORM M10

Connecticut Bar Examining Committee  
(860) 706-5135

(Name & Address of reference)


Applicant: \_\_\_\_\_

This applicant has filed for admission to the practice of law in Connecticut. We are conducting a routine investigation into his/her character and fitness to become an attorney. We would appreciate your candid evaluation of the applicant. A personal letter would be ideal, but please feel free to use this form for your reply. This form has been sent to you by the applicant pursuant to the Bar Examining Committee's directions. It must not be sent back to the applicant, but sent directly to the Committee. The applicant was instructed to enclose a prepaid envelope addressed to the Committee. Thank you for your time.

1. How long have you known the applicant? \_\_\_\_\_
2. Are you related to the applicant? \_\_\_\_\_. If so, in what way \_\_\_\_\_
3. Would you recommend the applicant for a position of trust? \_\_\_\_\_  
If not, please tell us why. \_\_\_\_\_  
\_\_\_\_\_

4. To your knowledge has the applicant ever been:

YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Arrested or convicted of a crime   |
| <input type="checkbox"/> | <input type="checkbox"/> | Accused of a violation of trust  |
| <input type="checkbox"/> | <input type="checkbox"/> | Dropped, suspended from, disciplined or placed on probation by an educational institution        |
| <input type="checkbox"/> | <input type="checkbox"/> | A party to a law suit (including bankruptcy)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Addicted to or treated for the use of drugs, narcotics or alcohol                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Denied admission to the bar of any jurisdiction  |
| <input type="checkbox"/> | <input type="checkbox"/> | Delinquent in any financial obligation   |
| <input type="checkbox"/> | <input type="checkbox"/> | Currently suffering from a disability which would impair the applicant's ability to practice law |

If you answered "yes" to any of these questions, please tell us about it. You may also use this space for any additional comments you wish to make about the applicant. \_\_\_\_\_


Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public

Please note: Any information that you provide will be held in confidence unless it is used to establish probable cause to deny the applicant's admission to the bar.

**Return address:**

**CT Bar Examining Committee  
Admission Without Examination  
Reference Letter Department  
100 Washington Street  
Hartford, CT 06106-4411**